

Provider Led Entity

CDI Quality Institute AUC Questions: Cervical or Neck Pain

12/06/16

Patient/Problem: Appropriateness of advanced imaging procedures in patients with the following clinical presentations:

- **Red flag:** Neck pain and/or radiculopathy with suspicion of cancer with or without x-ray abnormalities, known malignancy or unexplained weight loss;
- **Red flag:** Neck pain and/or radiculopathy with suspicion of infection with or without x-ray abnormalities, immunosuppression, known IV drug abuse and/or fever or night sweats;
- Myelopathy and/or major or progressive neurologic deficit;
- Nonspecific neck pain (moderate or severe) with
 - No prior management,
 - Persistent symptoms following an appropriate trial of noninvasive conservative therapy or unable to undergo conservative therapy,
 - Uncontrolled pain and/or marked disability, or
 - Evaluation for injection therapy or surgery;
- Radiculopathy with
 - No prior management,
 - Persistent symptoms following an appropriate trial of noninvasive conservative therapy or unable to undergo conservative therapy,
 - Uncontrolled pain and/or marked disability
 - Recurrent symptoms following discectomy, or
 - Evaluation for injection or surgery;
- New, persistent or recurrent neck pain, cervical radiculopathy or myelopathy as detailed above with
 - History of previous fusion,
 - Contraindication to MRI, or
 - Previous MRI with discordant MRI findings and symptoms/signs.

For patients > 18 years of age,
In a community outpatient setting, and For
the purposes of diagnosis.

Interventions: Advanced testing (MRI w/o contrast, MRI w/ & w/o contrast, CT, CT myelography, Nuclear medicine w/ or w/o SPECT, or PET)

Comparison: Gold standard (surgical findings or patient outcome)

Outcome: Diagnostic accuracy, positive predictive value, effect on patient management, surgical rate and/or patient outcome.